

WHOLE-TIME AND PART-TIME MEDICAL INSPECTORS.*

By WILLIAM J. HOWARTH, M.D., D.P.H.,
County Medical Officer of Health, Kent.

IN deciding upon the class of medical inspector to be appointed to carry out the practical work, consideration was given to the claims of both whole-time and part-time officials. As regards the former, I reported that they would probably be cheaper and that the results would be characterized by greater uniformity, and from the fact that as a whole-time official would probably have in his district a diversity of schools and people he would be of great value in creating standard records which could be used for comparative purposes. The objections appeared to be the risks which might result from apparent dual jurisdiction, and that the monotony of the work, combined with no considerable prospect of promotion, might result in frequent change which would tend to minimise uniformity. As regards local practitioners, it was pointed out that in sparsely populated districts they would be able to make more frequent visits to schools for the purpose of examining such abnormal children as had been discovered at the routine inspection, and that they would be personally acquainted with the family history of many of the parents and children.

The objection to such appointments included the possibility of friction resulting from the advantage which the appointment would confer on the selected practitioner, less uniformity owing to the more considerable splitting up of a district, and the danger that the interests of private practice might clash with pre-arranged school visits. It was difficult, without previous experience, to place an exact value on either the advantages or disadvantages of either class of inspector, but it was clear that in the case of the local practitioner, other things being equal, the district medical officer of health ought to be the first choice, and that in the whole-time officials the combination of school and public health work represented the ideal appointment. It was ultimately decided that both classes of inspectors should be appointed. There were therefore appointed two whole-time officers, and one non-practising man who devoted three days a week to the work.

The remainder of the county was divided among part-time practitioners, district medical officers of health being appointed where they were willing to accept the post. I am satisfied from my experience that local practitioners can carry out the work in a perfectly satisfactory manner, but they increase the difficulties of organization owing to the personal factor playing

such an important part in the recording of observations. This is, however, an objection which diminishes with larger experience, and the elimination of this variability is assisted by the circular letters which are periodically issued. On many occasions their knowledge of local conditions and circumstances has been found a real advantage, and a local practitioner is frequently more readily available for a special visit than is a whole-time official whose time is greatly taken up with pre-arranged inspections. The best area for the local practitioner would appear to be one containing from two to three thousand children; this is large enough to enable him to gain experience, and not so large as to leave a man no time for matters outside routine inspection. As regards whole-time officials, they certainly facilitate organization, inasmuch as they are frequently at the office, difficulties can be discussed and arranged as they arise, and, of course, the fewness of numbers reduces the risk of instructions being misunderstood. They are also helpful in clerical work during the time the schools are closed, and they certainly are of advantage in carrying out investigation work or in testing new methods.

The general conclusion at which I have arrived is that either class of inspector is able to do the work satisfactorily with an efficient system of organization, but some consideration should be given to the possibility of financial prospects in country districts being so diminished that the attractiveness of such areas will not be sufficient to induce the best type of men to settle in them if work which can effectively and efficiently be undertaken by local practitioners is absorbed by whole-time officials. At the same time a local authority cannot be regarded as a philanthropic agency, and due consideration must be given to the cost of the various schemes. If the different schemes reasonably approximate, local conditions would almost constitute the determining consideration.

The salary paid to part-time inspectors is one shilling per child inspected, to which is added an annual grant of £1 per school and £1 per 1,000 acres of area. The object of the latter two payments was to adequately remunerate the country practitioner for the additional time and trouble in which he would be involved, compared with the town inspectors, in the inspection of a similar number of children. It does not entirely work out satisfactorily. I would recommend that as soon as the full extent of the requirements of the Board of Education respecting the frequency of routine inspection can be determined that a salary be arranged for each area. The cost of urban and whole-time inspectors is practically the same, but the rural inspectors are considerably more expensive than either.

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